

Children's Treatment Services

1. Counseling Services

All children in alternative care/adoption must use a Medicaid provider for any type of behavioral health services. This includes individual and family counseling, testing and assessment, etc. If a non-Medicaid provider serves the client(s), a bill that includes CPT (current procedural terminology) codes must be attached to the CS-65. The CPT codes will be used to determine the amount that Medicaid would have paid. This is the maximum amount that will be paid for that service, by DFS, as DFS is a Medicaid agency.

Adult clients are not eligible for counseling under straight Medicaid. If they do belong to a Managed Care plan, they are eligible for counseling services, but only through the plan network. Staff should be sure to explore all these options before authorizing counseling through CTS.

Payment for counseling services on a CS-65, when a service is not authorized in the SEAS system, must be entered in Central Office. Please make every effort to have SEAS authorizations entered timely to avoid payment via CS-65.

For all contracted counseling services, workers must put the appropriate service code (example: ITSO, ITSH, etc) and contracted rate as found in the CTS contract. To find these specific codes and rates, staff can access the ZCVR screen using the vendor number of the provider. Do not use COUN as the service code or the CS-65 will be returned to the county for the service code that is specific to the service provided.

If counseling services are court ordered, workers still **MUST** use either a Medicaid provider or a provider who has a CTS contract to provide the specific service needed. Most court orders do not specify which provider is to be used. If a provider is used who does not have a CTS contract, payment will be denied or reduced to the current rate paid under Medicaid.

On the CS-65, the vendor type and program area are CT. The acceptable fund code is generally 30, and in certain circumstances 32, 33, 65, 66, 03, 04 and 05 may be used. Always attach documentation/invoice or an IOC to the CS-65 and explain the service when submitting for payment. This could prevent CS-65's from being returned should a question arise.

The client receiving the counseling must have an open SS-63, SS-61 or CA/N investigation/Assessment during the month of service.

2. Crisis Intervention

Crisis Intervention is designed to allow workers access to funds for crisis situations for families with whom they are working. Some counties have fiscal agents that handle the allocation. A worker must go through that fiscal agent to get funds to pay for what is needed for the family. The fiscal agent then requests reimbursement from DFS. The worker must complete a CS-65 using CT-CT as the vendor type and program area and CRNT as the service code. The fiscal agent is also allowed to charge a 10% administrative fee that is added to the CS-65 as a vendor payment (99999999) with a service code of CRAD. The program area and vendor type are both CT and the fund code will depend on the program in which the family is participating: CTS is fund code 30, Family Preservation is fund code 32, and Family Reunification is fund code 33.

DFS policy states that no one client can receive crisis funds more than two times in any 6-month period and that the maximum amount that can be dispersed for that client is \$500.00.

3. Parent Education

These providers are contracted through the CTS Supplementary Contract to provide instructional classes on parenting techniques. The class must consist of three or more individuals, three of whom must be DFS clients. Each class should be at least one hour in length, but should not exceed three hours. The provider should not provide more than 12 sessions to the same group of individuals.

Payments made for Parent Education use CT for the vendor type and program area on the CS-65. The fund code is 30. The service code is PECB. This is a DCN specific service for the client actually receiving the service.

4. Interpretive Services for People with Hearing Loss

The State of Missouri contracts with several agencies to provide interpretive services for people with hearing loss. Staff should only use those providers who are contracted for interpretive services. To obtain a copy of the contract that contains a list of the providers and their rates, staff should call Contract Management at (573) 751-4344 or by-mail.

If a provider is used who is not contracted and it is anticipated that they will be paid over \$3,000 in a year, staff should call Contract Management to obtain a contract.

On the CS-65, the vendor type and program area are CT. The service code is IINT. Valid fund codes are 30, 32, 33, 03, 04 and 05.

5. Language Translation Services

The State of Missouri contracts with several agencies to provide language translation services. Staff should only use those providers who are contracted for these services. To obtain a copy of the contract that contains a list of the providers and their rates, staff should call Contract Management at (573) 751-4344.

If providers are used who are not contracted and it is anticipated that they will be paid over \$3,000 in a year, staff should call Contract Management to obtain a contract.

Interpretive services for language translation are paid on the CS-65 as CT vendor type and program area with a service code of LANG. Valid fund codes are 30, 32, 33, 03, 04 and 05.

6. Family Preservation

Payments are made to contracted providers using the service code of FIHS with a vendor type of FP or FS and a program area of CT. The fund code used is 32, and the provider must have a valid FS contract.

The service code for ad-hoc services is FITA and for follow-up services is FITB. The fund code used is 30, and the provider must have a valid FS contract.

7. Family Reunification

Payments are made using a service code of REUN, vendor type is FR and program area is CT. The fund code is 33, and the provider must have a valid FR contract.

8. Transportation

The service code of TRAN is used even though the contracted service codes are MLFM (transporting a family) and MLIN (transporting an individual). The vendor type and program areas are both CT. The provider must have a valid transportation (TR) contract. Acceptable fund codes are 30, 32, 33, 03, 04 and 05.

The Medicaid/Managed plan can pay for transportation services to medical appointments. Staff can call the Managed Care provider to make arrangements and should always utilize this resource in lieu of using CTS funds.

Any person providing transportation services for any DFS clients, including children in Alternative Care, **must** have a contract if payment is going to exceed \$3,000 per year. Any CS-65's that are submitted to pay for transportation services to a non-contracted individual will be returned to the county office if the total payments have exceeded this cap.

9. Resource Coordinator

The Supplementary CTS contract states that a Resource Coordinator provides activities that are related to the delivery and/or development of services for clients. This can include coordinating interaction between DFS and community resources for a specific client.

Any transportation costs are included in the flat hourly rate that is paid to the resource coordinator.

On the CS-65, the program area and vendor type are both CT and the service code is RECR. Fund code is usually 30, but can also be 32, 33, 03, 04, and 05.

10. Medical Examinations

Medical payments for Sexual Assault Forensic Exams as a result of a child abuse and neglect investigation are paid at the established Medicaid rate. Staff can verify Medicaid eligibility by reviewing the screen MXIX. Providers should bill Medicaid first, before submitting the bill to the county office. For payments that need to be made on a CS-65 because the child is not covered by Medicaid, the vendor type and program areas are CT. The service code is MDTR (doctor), MHSP (hospital), MCLN (rural clinic), and SAFE (Child Advocacy Centers) and the fund code is 30. The DCN of the child examined should be used on the CS-65. When submitting a CS-65 for payment, please attach an itemized bill with the CPT (current procedural terminology) codes so reimbursement for the exams can be made at Medicaid rates. These CS-65's must be sent to Central Office for data entry.

11. Drug Testing

Drug screening is a Medicaid and Managed Care covered service. Staff needs to verify Medicaid eligibility by reviewing the screen MXIX, or, if the client is enrolled with a Managed Care Plan, the screen MCII. If the client is covered by Medicaid, staff is to refer the client to a contracted Medicaid provider to complete the drug screening. If the individual is enrolled in a Managed Care Plan, they are to refer to that particular Managed Care Plan to arrange for the screening. For those circumstances when that cannot be done, payment will need to be made via a CS-65. The vendor type and program area are both CT, the service code is DRUG and the fund code 30. Please use the DCN of the client for whom the service was provided, attach an itemized bill with the CPT (current procedural terminology) codes, and submit to Central Office. Reimbursement for the screenings will be made at Medicaid or State contracted rates.

12. Legal Fees

When paying legal fees directly to an attorney for a child in the custody of the Division, the vendor type is UN and the program area is AC on the CS-65. When reimbursing a foster/adoptive parent, the vendor type is FH, RH, LG or AD. These payments can be entered at the local county office. Legal fees should be reimbursed to the attorney or adoptive parent/guardian. If the provider needs to be assigned a vendor number, send the SS-60 and signed W9 Form to Central Office. After the vendor number is assigned, the data on the CS-65 can be entered locally.

If the child has not been in CD custody or the court has ordered CD to pay for legal fees for a natural parent, the vendor type and program areas on the CS-65 are both CT and the fund category is 30. These payments must be entered in Central Office. Please be sure to attach a copy of the court order to the CS-65, along with a signed W9 Form if the provider does not have a vendor number. The service code in both situations is LEGL.

Guardianship Payments for children in CD custody are paid as vendor type UN and program area AC with a service code of LEGL. For children not in the custody of the Division prior to guardianship, these are paid as CT/CT fund code 30 and service code of LEGL. The maximum reimbursement is \$500 per child.

13. Parent Aide

The Supplementary CTS contract defines a Parent Aide as a contractor who provides a trained parent aide to go into the home of a client and “model” appropriate parenting and homemaking skills. The goal is for the client to reach an acceptable level of parenting and maintenance of the physical home. Services are to be provided in the home of the client primarily. The fixed, hourly price includes any transportation costs.

On the CS-65, the vendor type and program areas are CT and the fund code is 30. The service code is PRAD. Payments are made using head of household DCN. These payments must be entered in Central Office.

14. Day Treatment

The contractor shall provide a therapeutic program for children who are emotionally disturbed, physically disabled and/or abused and neglected. Therapy for the family shall also be provided. Intense supervision should be provided along with a child specific treatment plan.

A unit of service shall be a portion of a twenty-four hour day of care outside the home. It must be at least four hours minimum.

All vendors providing this service **must** have a CTS contract for Day Treatment. Staff can check for a valid contract on the ZCVR screen using the provider's vendor number.

When submitting a CS-65 for payment due to lapsed or late authorization, the vendor type and program areas are both CT with a fund code of 30. Service code is DTRP (preschool age) and DTRS (school age). Payments are child (DCN) specific.

15. Homemaker

The contractor shall provide paraprofessional homemaker services to clients authorized by CD. This service should cover training in home management skills, cooking, and house cleaning. The contractor can also teach homemaking skills in a group consisting of two or more clients. The firm, fixed price stated in the contract includes any transportation costs.

A unit of service is fifty (50) minutes of direct service in the home of the client or to a group of individuals in a specified meeting place.

On the CS-65, the vendor type and program area are both CT and the fund code is 30. The service code is HOMK. Payments are made using head of household DCN.

16. Family Assistance

The contractor shall provide an aide to assist a child, or his family, with normal, daily living activities as part of the child/family treatment plan. The aide shall assist in accessing community resources, shadowing a child to ensure safety, one-on-one supervision of a child in a school setting as pre-approved by the case manager, and other tasks determined appropriate by CD. Services should be provided in the home of the family or in the community.

The firm, fixed price includes all transportation costs. A unit of service is fifty (50) minutes of direct face-to-face service with the child or family member. Reimbursement will be made for only one child per aide per unit of service.

On the CS-65, the vendor type and program areas are both CT with a fund code of 30. Service code is FMAS. These payments are client (DCN) specific.

17. Paternity Testing

A paternity test may be scheduled only when the child is in the care and custody of the Children's Division (CD) and the child has a goal of adoption. If the Division of Child Support Enforcement will be involved with the case, we are not to schedule a test, as this is their responsibility. To reimburse after the testing has been

completed, payment will need to be on a CS-65. The vendor type and program area are CT, the service code is PATR and the fund code is 30. Please use the DCN of each individual tested (each parent and each child) attach the itemized bill, and submit to Central Office. Reimbursement will be \$72.00 per individual, per test.

18. Paying for Medical Records

Fees for copies of medical records are made on the CS-65 using CT-CT, Fund code 30, service code RCRD. If the provider to be paid does not have a vendor number, staff will need to attach a completed W9 to the CS-65 along with the bill. A vendor number will be assigned prior to the 65 being entered. Payments for medical records for AC children and in the case of a CA/N investigation should never be paid via a DBF-14.

The maximum amount that providers can be paid for copying medical records is as follows:

Retrieval fee: \$16.50
Per photocopy page: \$.38

These rates are per State Statute RSMo.191.227

Intensive In-Home Services

Intensive In-Home Services (IIS) are intensive in nature, provided in the home setting and designed to prevent the unnecessary out-of-home placement of children. These services are provided only to families authorized by the state agency where the following conditions exist:

- There is a child abuse or neglect situation or a child who has committed a status offense. (Some projects also accept referrals on delinquent children and children with severe emotional disturbances);
- One or more child(ren) will be placed in out-of-home care within 48 hours unless the family crisis can be resolved; and
- The family will accept Intensive In-Home Services and the safety of the child(ren) and In-Home therapist is reasonably assured.

NOTE: Intensive In-Home services are provided in some service areas by CD staff instead of being purchased through a contract, or by CD staff and contracted providers.

The model represents a psycho-educational crisis intervention approach which emphasizes teaching and skill building during periods when the family is in crisis and

most susceptible to change. As the current crisis is resolved, the family is taught alternate responses to minimize future problems.

Intensive In-Home specialists may provide IIS for no more than two (2) families at any one time. Services are provided to the family for a maximum of six weeks and must be delivered in the family's home, school or other natural environment.

There are no waiting lists for the provision of services. Families referred for these services are accepted for assessment on a first-come, first-serve basis. The contractor accepts all referrals for assessment unless the caseload of the specialist will not allow for the provision of immediate services. If available to provide services, the specialists must see the family within 24 hours of the initial referral. Upon determination that the family is appropriate for IIS, the specialist completes a family assessment that evaluates the safety of the children and of all family members. A treatment plan is developed with the family that sets achievable and measurable goals.

NOTE: If the assessment determines a family is not appropriate for IIS, the contractor is paid for the assessment only by using service code ASMT.

Specialists are available to the family 24 hours per day, seven (7) days per week. They are linked to a paging system that assures availability. Depending upon the needs of the family, the IIS specialist delivers a wide variety of educational and counseling services. Specialists must also, if necessary, transport clients, complete household chores, and obtain additional community services for families.

A crisis intervention fund is maintained for dispensing funds as authorized by DFS to provide concrete services to meet the basic or emergency needs of families receiving IIS. When no other resources exist, this fund is used to pay reasonable immediate expenses for families to assist them in resolving the crisis that might otherwise result in removal of a child. Funds are dispensed upon the approval of the Division. The types of expenses covered may include, but are not limited to, rent, clothing, utilities, auto repair, gasoline, pest control, laundry cost, food, etc.

Interpretative and Counseling Services For the Deaf

Services under this contract provide special services for deaf persons. Persons eligible for these services include:

- Abused and neglected deaf children;
- Deaf members of their families; and
- Deaf applicants for, or recipients of, public assistance benefits for DFS.

TITLE: CHILD WELFARE MANUAL
SECTION 3: DELIVERY OF SERVICES/INTACT FAMILIES
CHAPTER 5: WORKING WITH CONTRACTED TREATMENT PROVIDERS
ATTACHMENT B: LISTING OF PURCHASED SERVICES
EFFECTIVE DATE:
PAGE: 9

Medical Examinations (SAFE Network and other medical examinations)

Medical Examinations needed during a CA/N Investigation

Related subject: Section 2, Chapter 4, Attachment A, Investigations Involving Reported Injuries.

SAFE Network (Sexual Assault Findings Examination Network): This is a group of medical professionals who provide comprehensive examinations of child victims of sexual assault. All examinations by SAFE Network physicians are reported on a uniform medical report form and are performed through established protocol. The rate is reimbursed by completing form CS-65 with the itemized bill and submitting it to Central Office for entry, if the child is not eligible for Medicaid.

Transportation Services

Contractors must provide round trip transportation service for clients between their residence, and other designated location. In addition, the contractor must also transport authorized members of client's family or foster family. A member of the client's family or foster family will either be accompanying the client or, together with the client, be accessing services as a family group.

Clients under the age of 12 years will be accompanied by authorized members of their family or foster family.

Service codes for these services are:

TRAN – Transportation

TRMD – Transportation, Medical

TROM – Transportation, Other

Contractors shall only transport those clients for whom they have received prior written authorization from the state agency.

MEMORANDA HISTORY: